

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90051 018 ***150.00

0624525

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P40325

1. Corporation Name
UNITED FINANCIAL CASUALTY COMPANY



Principal Place of Business 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44124 US	Mailing Address 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44124 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 09/01/1992	
4. FEI Number 36-3298008	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEWIS, PETER B.	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOKEL, CHARLES B.	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, DAVID M.	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIES, JOHN M	
STREET ADDRESS	747 ALPHA DR	
CITY-ST-ZIP	HIGHLAND HTS OH	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	DOLOHNTY, JANET A	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	44143-2182
2.1 TITLE	ATVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	44143-2182
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	44143-2182
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	44143-2182
5.1 TITLE	ATVP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DOLOHANTY, JANET A.
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	44143-2182
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T PLATNER, BRECK T.
6.3 STREET ADDRESS	747 ALPHA DR
6.4 CITY-ST-ZIP	HIGHLAND HTS, OH

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/2/99** Date Daytime Phone #

CR2E034 (1/198)